

opportunity to meet Canadian licensing requirements and sufficient flexibility to assure them of reasonable opportunity to modify their original career preparation plans. But it is unrealistic to assume that every graduate will be assured of his or her first choice of career. It is also untenable to regard family practice as a fallback option for trainees who cannot meet the standards of other educational programs. The public has every right to expect that its primary care physicians will be selected for training and evaluated for licensure according to criteria no less rigorous than those applied to consultant physicians.

Emerging is one other reasonable public expectation: that medical licensing authorities will abandon the old concept of assuring nothing more than minimum public safety in licensure standards. Excellence is a goal within our reach.

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It appears that the nursing profession and some governments feel that nurses are in a position to take over primary care, and, in fact, some trials have shown that nurse practitioners do quite well. If this is true, why not cut back medical training to a 3-year or 4-year course after high school rather than adding years to an already long program? Let the specialists take the extra years of training — and, one would hope, be compensated accordingly.

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Is abortion a medical act?

In his article "Abortion: The CMA's new policy is a good one" (*Can Med Assoc J* 1988; 139: 991) Dr. John Lamont applauds the CMA "for its strong

stand and for defining abortion as a medical act".

An act can be called medical only if it is aimed at prevention or control of some pathologic condition. One could (as abortionists do) call a state of emotional distress caused by psychologic rejection of a normal pregnancy a pathologic condition, but the abnormality is of a psychologic nature. An appropriate medical act aimed at the treatment of a psychologic condition should be of a psychotherapeutic nature, possibly assisted by psychopharmacy.

Destruction of an embryo is not psychotherapy. Some may feel that under certain well-defined and verifiable circumstances an abortion may be unavoidable or even salutary as a sociologic procedure. But only in cases of severely pathologic pregnancies can the destruction of an embryo possibly be considered a medical act.

Abortionists may define an embryo and its expected development any way they like. They may deny the embryo the status of a living being and a future as a human individual. But no physician will define an embryo as a heap of redundant or noxious tissue, a tumour or a parasite.

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Excrement, effluent and exhalations

We congratulate Dr. Douglas Waugh on his article (*Can Med Assoc J* 1988; 139: 440). As we enter a new era of environmental concern we should recall the last period of awareness, almost 20 years ago.

In that all-too-brief period the politicians were uttering platitudes about "Mother Earth", much as they did during the recent election campaign. Overpopulation, the underlying cause of the resource consumption and

subsequent pollution, was left without comment, because it was not a politically expedient issue. Our economy is based on continual expansion, and public planners cannot conceive of too many people for the available resources, producing too much effluent for the local environment to absorb. Overpopulation is considered to be a Third-World problem. Ignored is the fact that Canadians consume many times the resources per capita that citizens of the "overpopulated" Third-World nations consume (and consequently produce many times the pollution). The small gains in pollution technology achieved in the past 20 years have been outstripped by both our increased standard of living and our increasing numbers.

This subject was elegantly analysed in a computer model developed in 1972 by the Club of Rome that has served as a prototype analysis of this most difficult global problem.¹ The model investigated five factors: industrialization, population growth, agricultural production, natural resources and pollution. On the basis of exponential growth trends, depletion of nonrenewable resources and the physical constraints of our planet the authors concluded that "limits to growth" will be achieved within the next century. Their extrapolations are close to predicting our current global circumstances, as we have done little in the interim to alter the contributing factors.

Physicians must take the lead in discussing the consequences of unbridled population growth and pollution, just as they have promoted nuclear disarmament in the public forum, with remarkable results. We do not have the luxury of another 20 years in which to forget the issue.

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Reference

1. Meadows DH, Meadows DL, Randers J et al: *The Limits to Growth*, Universe, New York, 1972